Gender Loving Care:
An Introduction to Gender Health Care

Anne Dilenschneider, PhD, LPC-MH, QMHP

New Idea Counseling
Sioux Falls, SD
Background/Credentials

• Since 1992, I’ve accompanied transgender, gender non-conforming, and intersex persons ages 8-70+.

• My clinical psychology PhD program included coursework and an internship in gender health.

• I have completed the training for the WPATH international specialty credential in gender health.

• I regularly collaborate with physicians, surgeons, and health systems, both locally and nationally, including the Mayo Clinic and UMinn, on behalf of clients.
Gender Survey

How do you know what gender you are?

Can you describe your gender?

When did you first become aware of your gender?

How have your family and friends reacted to your gender expression?

What do you really like about your gender?

What would you change about your gender or others’ perception of it?
Gender Survey

We’re not talking about “them.”

We’re talking about “us.”

We ALL have nuance in our gender identity.

-- Barbara Warren, Director, LGBT Programs, Mt Sinai Hospital, NYC
Why Our Attitude Matters

• 53% of transgender respondents to the USTS have been verbally harassed or treated disrespectfully in places of public accommodation.

• More than 50% have been sexually assaulted.

• 22% of respondents (& 38% persons of color) who have interacted with law enforcement officers have been harassed by them, 20% have been refused assistance, 6% have been physically attacked by an officer, and 2% have been sexually assaulted by an officer.

• 44% have been denied service due to transgender identity.

• 20% of transgender people have experienced discrimination in a social service agency, from both clients and staff.

-- cited by the U.S. Department of Justice
This Is a Matter of Life and Death

• 82% of USTS respondents have had serious thoughts about killing themselves at some point in their life.
• 40% have attempted suicide at some point in their life vs 4.6% of the U.S. population.
• 48% have seriously thought about killing themselves in the past year vs 4% of the U.S. population.
• 24% of respondents made plans to kill themselves in the past year vs 1.1% of the U.S. population.
• 7% of respondents attempted suicide in the past year vs 0.6% in the U.S. population.
• 58% of persons who had a professional try to stop them from being transgender attempted suicide.
Discrimination

Transgender/Gender Non-Binary (TGNB) persons face discrimination in all sectors of society including in:

- Education
- Health care
- Housing
- Employment

This makes TGNB persons disproportionately vulnerable to depression, suicidality, post-traumatic stress disorder, substance use disorders, physical and sexual victimization, and HIV infection.

Transgender Health & Medical-Legal Partnerships

https://www.lgbthealtheducation.org
Discrimination – Medical & Employment

Gender-affirming medical and surgical interventions are necessary to support the health of transgender people, and yet insurance policies frequently exclude these services or deem them not medically necessary.

Nearly half of transgender people report being fired, not hired, or denied a promotion because they are transgender or gender non-conforming.

Transgender Health & Medical-Legal Partnerships
https://www.lgbthealtheducation.org
Discrimination – Education

Most transgender students who are out at school report one or more negative experiences, including not being allowed to dress how they want, or being verbally harassed, physically attacked, or expelled.

Poor treatment in school is associated with increased risk of suicide, homelessness, and working in the underground economy.

Transgender Health & Medical-Legal Partnerships

https://www.lgbthealtheducation.org
Discrimination – Legal

Many transgender people have a name and gender identity that differ from what is on their driver’s license and other forms of identification (ID), placing them in danger of harassment, assault, and refusal of service or employment.

Transgender Health & Medical-Legal Partnerships
https://www.lgbthealtheducation.org

In South Dakota it is possible to change names and gender markers on IDs (Driver’s License, Social Security card, US Passport) with a name-change order and a medical note. Some judges will allow transgender people to change their birth certificate sex, some will not.
Discrimination – Housing & Public Accommodation

Nearly 20% of transgender people have experienced homelessness. Of those who have attempted to stay in a homeless shelter, 29% have been turned away, and 22% were sexually assaulted by residents or staff.

Transgender people endure verbal harassment and denial of services when accessing public accommodations, such as retail stores, restaurants, buses, and government agencies, wreaking havoc on emotional and physical health.

Transgender Health & Medical-Legal Partnerships
https://www.lgbthealtheducation.org
Is it a boy or a girl?

This very first question reinforces and perpetuates the belief that there is a binary gender system.

However, these assumptions are false:

• Sex and gender are the same.
• There are only 2 gender options.
• This core aspect of self can be determined solely looking at a baby’s genitals when they are born.
Definitions

Assigned sex
The sex a baby is determined to be, and legally classified as, based on a visual observation of their genitals at birth. Historically, when there has been ambiguity, a decision was made about “sex” at birth.

Assumed gender
The gender identity a person is presumed to have, based on their sex assigned at birth. This is only a presumption.
Definitions – Sex/Intersex

Sex is assigned at birth, but it is not binary.

There are many variations in sex characteristics, including chromosomes, gonads, and genitals.

Some persons are intersex – this may or may not be apparent at birth, or ever.

At least 1% of the population is intersex. That would be 3,257,000 persons in the United States. It may be as many as 5,000,000 persons.

In South Dakota, that would be at least ~8,700 persons.
Definitions – Sexual Orientation

Sexual orientation is who we are emotionally, romantically, spiritually, and/or physically attracted to (these may not be the same).

This is not determined by sex or by gender.

Sexual orientation is distinct from gender identity – every person has both (orientation & identity).

A person may be straight, gay, bisexual, pansexual, or asexual. These are only 5 of the possibilities.
Definitions -- Gender

There are 3 interrelated dimensions of gender:

- Body
- Identity
- Expression

Our comfort with our gender is determined by how much these 3 dimensions are in harmony for us.

No two people experience gender in the same way.
Gender Expectations

Gender expectations are communicated to a child from the time they are born – think pink/blue; who wears dresses (this has varied); girls’ toys and boys’ toys, etc.

By age 3, most children have learned to prefer activities and exhibit behaviors typically associated with their assumed gender.

These expectations are culturally-based, and not universal. They seem “normal” within our context.

There are also cultural assumptions about how a person should look to “pass” as female or male.
Definitions – Body

Body:

At birth, the infant’s visible genitals are used to assign sex. Sex is then used to assume gender.

We tell children that genitals are what makes a boy a boy and a girl a girl. We tell them what makes a woman is her breasts, curves, and soft skin, and what makes a man is his facial and body hair and muscles.

For some persons whose gender doesn’t match their body, there can be a struggle related to body parts and reproductive capacities. Other TGNB persons don’t want to alter their bodies at all.
Definitions – Gender Identity

Gender Identity:

Our internal sense of gender, who we privately know ourselves to be. We do not choose this; it emerges from within ourselves. It is deeply personal.

Our gender identity can be the same or different from the sex we were assigned at birth.

Gender identity isn’t always visible to others. You cannot know someone’s gender without asking them.

Gender identity is now understood as a spectrum; however, it may not be linear.
Gender Expression:

This is our public gender. It has 3 components:

• **Gender Presentation** is how a person presents themself to others – and what they see – whether the person intends others to see them that way or not.

• **Gender Norms** are spoken and unspoken rules about gender expression (emotions, etc.). These change across cultures and times.

• **Gender Roles** are culturally accepted expectations regarding how persons interact with others in society, families, occupations, etc.
Definitions – Gender Non-Binary

A Gender Non-Binary (GNB) person is someone whose gender identity or gender expression is inconsistent with the cultural and social expectations of the sex (female or male) they were assigned at birth.

Some GNB persons may consider themselves to be gender fluid, gender queer, or gender non-binary.

TGNB = Transgender/Gender Non-Binary
A cisgender (or gender conforming) person is someone whose body, gender identity, and gender expression are aligned with the cultural and social expectations of the sex (female or male) they were assigned at birth.

Their assigned sex and assumed gender match, and they are comfortable with this.
Definitions – Transgender

TGNB persons are those who have a strong sense that their bodies and the sex assigned to them at birth – and the cultural and social expectations of that sex (female or male) – are incongruent with their gender identity and gender expression, with who they know themselves to be.

A person may be an assigned-male person (“AMAB” -- assigned male at birth) who identifies as female (“male to female” or MtF)

A person may be an assigned-female person (“AFAB” -- assigned female at birth) who identifies as male (“female to male” or FtM).

Or . . .
Definitions – Transgender

Trans/transgender is an umbrella term that attempts to capture the complexity and diversity of gender identity and expression by those who go beyond gender boundaries.

The term trans may encompass (but is not limited to) those who identify as transgender, genderqueer, trans, transsexual, non-binary, androgynous, agender, bigender, two spirit, and gender non-conforming.

Trans people can be of any race, class, (dis)ability, faith, culture, sexual orientation, or citizenship status, and can have a vast variety of gender identities and expressions.

Trans does not necessarily encompass intersex identities, but some people who identify as intersex may also identify within the trans umbrella.
Definitions – Transgender

• People who have transitioned from one gender to another
• People who intend to transition from one gender to another but have not yet taken any or many steps to do so.
• People who choose to use hormones and surgery and those who use neither.
• People who use hormones for a short while, or may opt for one or more surgeries (e.g., breast augmentation or mastectomy, facial feminization, gender reassignment surgery).
• People who identify as a gender other than male or female.
• People who do not visibly conform to gender stereotypes (whether they want to conform or not).
SOFFAs

The largest subset of the transgender community is made up of mostly non-transgender people referred to as "SOFFAs" (significant others, friends, family, and allies).

These people can be subject to the same prejudices, curiosity, discrimination, and even violence as their transgender loved ones.

-- U.S. Department of Justice
The Gender Unicorn

Gender Identity
- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression
- Feminine
- Masculine
- Other

Sex Assigned at Birth
- Female
- Male
- Other/Intersex

Physically Attracted to
- Women
- Men
- Other Gender(s)

Emotionally Attracted to
- Women
- Men
- Other Gender(s)

To learn more, go to: www.transstudent.org/gender

Design by Landyn Pan and Anna Moore
How Many People are Transgender?

1.4 million adults in the United States identify as transgender. That’s 0.6% of the adult population.

A 2017 poll shows that 20% of Millennials (persons ages 18-34) identify as LGBTQ+

12% of Millennials identify as TGNB – transgender or gender non-binary. (Generation X reported 6%.)

There are ~15,500 TGNB persons in the military.

NPR, June 30, 2016; “Accelerating Acceptance” Harris Poll, 2017
Biological Aspects of Being Transgender

• Current research shows being transgender appears to be genetic. Twin studies show identical twins are more often both transgender than fraternal twins.

• Transgender women have brain structures that resemble those of cisgender women rather than cisgender men. (Harvard University; also 2018 Belgian study)

• The amount of hormones (especially estrogen) in utero, and poor hormonal sensitivity on the part of the developing child, also appear to play a role.
Biological Aspects of Being Transgender

- **anterior view**
  - stria terminalis
  - bed nucleus of the stria terminalis (BSTc)
  - preoptic area
  - sexually dimorphic nucleus

- **lateral view**

**cisgender man**

**cisgender woman**

**transgender woman**
Biological Aspects of Being Transgender

• A 2018 study by the Hudson Institute of Medical Research in Australia identified 12 significant genetic differences between transgender women and cisgender males (all assigned male sex at birth).

• These sex-hormone signaling genes regulate the hormones estrogen and androgen.

• A larger, international study of the genomes of 10,000 persons is currently underway.

TGNB Children

Age 2-3 Children will strive to socialize themselves by their inner sense of gender. This is often the first sign.

Age 3-4 Gender segregation starts; TGNB children struggle with language about their difference.

Age 4-6 By this age, many TGNB children have been consistent and persistent about their gender identity.

Age 5-7 It is common for TGNB children who have to limit their gender expression to develop behavioral problems. They may begin to express suicidal thoughts. Gender incongruence persists into adulthood in up to 23% of natal boys and 27% of natal girls.
Prepubescent TGNB Children

Age 9-12 This is the 2\textsuperscript{nd} most common time for a child to realize they are TGNB.

As puberty begins, with its hormonal and physical changes, gender incongruence may emerge more strongly. They will try numerous ways to express their distress to their parents. Many parents think this is a matter of sexual orientation rather than gender.

Depression, self-neglect, withdrawal, acting out, and self-destructive behaviors may begin.

Note: Co-occurring diagnoses often include anxiety, depression, and autism spectrum disorders.
TGNB Teens

Age 12-18 This is the 3\textsuperscript{rd} most common time for a child to realize they are TGNB. There’s a consistent sense that something is “different” about themselves; they may withdraw socially and exhibit depression. Body changes are not congruent with their true nature. Once TGNB identity emerges in adolescence, it is unlikely to “revert.”

Other teens may enforce gender roles – \textit{e.g.}, girls restrict food intake and downplay intelligence, boys feel compelled to prove their masculinity and suppress their emotions. Adhering to these norms increases gender-related anxiety for TGNB youth.
Gender Dysphoria – DSM-5

According to the American Psychiatric Association:

Gender Dysphoria is the “discomfort or distress related to incongruence between a person’s gender identity, sex assigned at birth, and/or primary and secondary sex characteristics.”

Not every gender nonconforming or transgender person experiences gender dysphoria or incongruence.

“Being transgender indicates diversity and not pathology. . . . “

-- Daniel Cabrera, M.D., Mayo Clinic
Pronouns

Being mis-gendered and the mis-use of pronouns are among the greatest triggers for gender dysphoria. The use of the wrong pronoun makes a person feel disrespected and unsafe.

She/Her/Hers  He/Him/His  Ze/Zim/Zirs  Sie/Zie/Hir/Hirs  They/Them/Theirs  And more . . .

It is essential to use the person’s preferred pronouns
What Do I Say?

Using a person’s preferred name and pronouns is not an issue of “political correctness.” Instead, it is fundamental to a person’s identity – whether they are transgender, gender non-binary, or cis-gender.

The best way to make sure you are using the right name and pronouns is to ask the person how they would like to be addressed.

Many nametags now list pronouns as well as names.

Oppressive language is unacceptable in any context.
Transphobia

. . . Is the fear, dislike, or hatred of persons who are transgender or gender non-conforming.

It is often expressed as derogatory comments. These are based on the assumption that there are only 2 sexes and/or 2 genders, and that there is a “normal” way for men and women to behave.

Transphobia can result in individual or institutional prejudice, discrimination, and/or violence.
And . . . This is Not a Mental Health Disorder

The World Health Organization (194 countries) has declassified transgender identity as a mental health disorder. Announced in 2018, and ratified on May 25, 2019, the change takes effect on January 1, 2022.

It is now recognized as a sexual health condition.

This is because recent studies show the mental and physical health problems experienced by transgender persons are due to social stigma, discrimination, and violence, not due to gender identity.

http://sitn.hms.harvard.edu/flash/2016/gender-lines-science-transgender-identity
Not Everyone Transitions the Same Way

Social transition
Coming out and creating a personal environment in which a person's gender identity is known and, ideally, respected by others, such as friends, family, and coworkers. This is usually the biggest challenge.

Legal transition
Changing identity documents to have a name and/or gender marker that reflects one's current identity.

Medical transition
Using hormonal and/or surgical interventions to more closely align one's body with one's gender identity.
Transition Outcomes

94% of GATE respondents report an improvement in their life due to transitioning

96% report their sense of well-being has improved

85% report improved emotional stability

78% of USTS respondents who completed their transition (at whatever level was comfortable for them) felt more comfortable at work, and improved their job performance, even despite mistreatment at work. Transitioning increased their resiliency.
Social Transition

The social aspects of changing one’s gender role are usually challenging – often much more so than the physical aspects.

Changing one’s gender role can have profound personal and social consequences.

The decision to socially transition should include an awareness of what the familial, interpersonal, educational, vocational, economic, and legal challenges are likely to be.

The goal of social transition is to function successfully (as they see it) in the person’s congruent gender role.
The 12-month Requirement

Living 12 months in their gender congruent expression allows a person to go through the range of different life experiences and events that may occur throughout the year (e.g., family events, holidays, vacations, season-specific work or school experiences).

During this time, persons present consistently, on a day-to-day basis and across all settings of life, in their congruent gender role.

This includes coming out to partners, family, friends, and community members (e.g., at school, work, and other settings).
Change in Privilege and Power

MtF transgender individuals encounter a loss of power and privilege; often they experience invisibility.

FtM transgender individuals encounter a gain of power and privilege; the challenge can be owning it. They also have to learn to work with the energy (and sometimes anger) that comes with testosterone.

Social transition is impacted by race/ethnicity/class as well.

Transpersons may experience a great deal of pressure, and even rejection, for stepping outside the norm.
Bathrooms

Did you know...

• 54% of trans/non-binary people have had physical problems like dehydration, kidney and bladder infections from avoiding public restrooms

• 60% of trans students were required to use a bathroom/locker room that did not match the gender they live every day

• 70% of trans people have experienced verbal harassment, assault, or have been denied access to a public restroom

-- FORGE
Bathrooms

All people deserve the right to use the bathroom that aligns with their gender.

Unfortunately, all too often, TGNB persons are denied access to public restrooms through legislation or by individuals who decide to “police” entry.

Requiring a person to use an alternative such as the “nurse’s” bathroom, may reveal someone is “trans” and “out” them; this violates their right to privacy.

“Outing” someone without their permission can put them at risk for discrimination, harassment, physical and/or sexual assault.
Legal Transition

Name change
• This is done by court order
• Then the Social Security & driver’s license is changed.
• Passports can also be changed.

Gender marker change
• This requires a medical provider’s letter.
• The marker can be changed on the driver’s license and passport.
• Birth certificate change can be done by court order.
Medical Transition

Pope Paul VI (1963-1978) gave special dispensation (permission) for Dr. Stanley Biber to perform gender confirmation surgeries in Trinidad, CO.

In 1966 John Hopkins Hospital was the first U.S. hospital to support these surgeries.

By 1979, 20 US medical centers offered counseling, hormone treatment, and surgeries. Most closed shortly afterwards, due to faulty research and public pressure.

Currently, an increasing number of teams work collaboratively across the U.S. to serve transgender, non-binary, and intersex persons.
Treatment is Collaborative

Treatment is a collaboration among the client, the mental healthcare provider(s), and the medical providers (primary care, endocrinologist, surgeons).

The client and the team share responsibility for the decision to make irreversible body changes. They also deal with complications together.

The collaborative nature of treatment is what makes the procedures (hormone replacement therapy, surgeries, etc.) non-elective procedures.
Medical Transition

Hormone Suppression                    Puberty
Hormone Replacement Therapy (HRT)    Age 16

Reproductive issues

Gender Confirmation/Affirmation Surgeries:

Breast Augmentation                   Age 16
Mastectomy/masculine body shaping    Age 16
Hysterectomy/ovariectomy/vaginoplasty Age 18
Phalloplasty/metoidioplasty/orchiectomy Age 18
Cosmetic surgeries                   Age 18
Medical Transition

Per WPATH Standards of Care v.7:

• Mental health screening is required before hormone replacement therapy (HRT) and surgeries. Either one or two letters from mental health providers are required, depending on the procedure.

• No minimum number of counseling sessions is required before hormone replacement therapy (HRT) or surgical procedures.

• There is no specific order for surgeries; it depends on the person’s needs – they may do none, some, or all.
TGNB Rights

• Federal courts across the country and the U.S. Equal Employment Opportunity Commission (EEOC) have concluded that discrimination because a person is transgender or gender non-binary constitutes illegal sex discrimination.

• TGNB persons have the right not to be fired or refused a job or promotion because they are transgender. This is true even if the state and/or locality have not passed laws explicitly prohibiting gender identity discrimination. constitutes illegal sex discrimination.
TGNB Rights

• TGNB persons have the right to safe and adequate access to restrooms and other facilities consistent with their gender identity. According to several federal courts and the EEOC, denying access to facilities consistent with gender identity can constitute discrimination.

• Employers cannot demand medical or legal documentation of a person’s gender as a condition of restroom access, or limit them to using a specific restroom separate from other employees.

• Agencies cannot require TGNB persons to use facilities that are unsanitary, potentially unsafe, or located at an unreasonable distance from their work station.
TGNB Rights

• TGNB persons have the right to be treated with respect and not be harassed. Sex-based harassment is unlawful when it is severe or widespread and an employer does not take steps to stop it.

• Sex-based harassment can include:
  – Jokes or derogatory comments about transgender people
  – Repeated and intentional use of the wrong name or pronouns
  – Invasive, disrespectful personal questions may constitute harassment
Become a TGNB Supportive Workplace

This is the single most important thing needed:

Being able to live, love, play, study, and work in an environment where anyone can be fully open about their gender identity and expression without fear of discrimination.

Any workplace can encourage awareness and acceptance of different gender identities – with or without TGNB employees.
Become a TGNB Supportive Workplace

• Respect the employee’s gender presentation
• If you aren’t sure what pronouns to use, ASK.
• Respect the employee’s choice about whether they are “out” or not to others.
• Remember that personal history is *personal*. A TGNB colleague or employee may not want to share their personal information with you; the timing of any sharing is up to them.
• If you have questions, ask the TGNB person if they are willing to answer your questions.
Become a TGNB Supportive Workplace

• Everyone has the right to privacy. The status of a TGNB employee and all of their personnel information should be protected with privacy and confidentiality.

• Revealing someone is “trans” (“ outing” them) violates their right to privacy.

• “Outing” someone can put them at risk for discrimination, harassment, physical and/or sexual assault.

• A person’s trans status should only be disclosed on a need-to-know basis, and within legal limits.
Become a TGNB Supportive Workplace

When an employee transitions:

• Clarify name and pronouns
• Change relevant personnel files
• Ensure access to facilities such as bathrooms, changing rooms. Make changes as needed (e.g., gender-neutral bathrooms).
• Discuss the possibility of redeployment to another team or section
• Agree on a workplace transition date (this is not contingent on medical procedures or hormone therapy)
Become a TGNB Supportive Workplace

When an employee transitions (cont.):

• Determine how and when co-workers will be informed, and agree on the steps – this is crucial.

• Allow time for co-workers to react and respond. This may raise many fears:
  – about the unknown
  – about a loss of staff or customers
  – about time taken off to transition
  – about the employee’s performance

• Emphasize the right of all persons to live and work in dignity, free from discrimination.
Become a TGNB Supportive Workplace

When an employee transitions (cont.):

• Provide support and encouragement.
• Schedule regular follow-up meetings throughout the transition.
• Arrange for time off for medical procedures (Note: these are a private matter between doctor and patient. Employers should not inquire about the medical elements of the transition).
• Revise policies and procedures to ensure gender identity is taken into account as part of equal opportunity and practice in the workplace.
• Managers should model best-practice behavior.
Support Groups

Sioux Falls:
- Transgender group (adults)
- Parent and Family group – this is state-wide
- The TRANSformation Project
- GSA at Augustana University

State-wide
- Center for Equality
- Transaction South Dakota
Trans Lifeline – 877-565-8860

Central time: 10 am to 4 am
Mountain time: 9 am to 3 am

This line is primarily for transgender people experiencing a crisis. This includes people who may be struggling with their gender identity and are not sure that they are transgender. . . . We will do our very best to connect them with services that can help them . . .

Our hotline is staffed by the true experts on transgender experience, transgender people themselves. Our volunteers are all trans identified and educated in the range of difficulties transgender people experience.
Resources

General Employment Rights

https://transequality.org/know-your-rights/employment-general

Federally Protected Employment Rights

https://transequality.org/know-your-rights/employment-federal
Resources

• *Standards of Care v.7* published by the World Professional Association for Transgender Health (WPATH)

• “Why We Need to Accept the Singular They” [http://theweek.com/articles/758082/why-need-accept-singular](http://theweek.com/articles/758082/why-need-accept-singular)

• “Gender Revolution.” National Geographic and Katie Couric, 2017
Resources

- “Responding to Transgender Victims of Sexual Assault.” U.S. Department of Justice, 2017.
Resources


• Gender Survey from the University of Minnesota Transgender Commission

• “Accelerating Acceptance,” Harris Poll, 2017

• “Between the (Gender) Lines: The Science of Transgender Identity,” Katherine Wu, Harvard University, October 25, 2016
Resources

Center of Excellence for Transgender Health
http://transhealth.ucsf.edu

National LGBT Health Education Center
A Program of the Fenway Institute
https://www.lgbthealtheducation.org

National Center for Transgender Equality
https://transequality.org

National Center for Gender Spectrum Health
https://www.sexualhealth.umn.edu/national-center-gender-spectrum-health
For additional info contact:

Anne Dilenschneider, PhD, LPC-MH

New Idea Counseling

2500 W 49th St, Suite 202
Sioux Falls, SD 57105
Anne@NewIdeaCounseling.com

newideacounseling.com